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ASSISTANT COMMISSIONER FOR PATENTS  
Washington, DC 20231

PATENT  
File No.: 0808.65566  
Date: May 22, 2001

Sir:

Transmitted herewith for filing pursuant to 35 U.S.C. §111(a), is the patent application of

Inventor(s): Nigel Peter Topham and Adrian Philip Wise

For: PREDICATED EXECUTION OF INSTRUCTIONS . . .

*I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on May 22, 2001.*  
Express Label No.: EL 846164461 US  
Signature: David Carr

Enclosed are:

- (X) 43 pages of specification, including 23 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- ( ) an unexecuted oath or declaration, with power of attorney.
- ( )        sheet(s) of informal drawing(s).
- (X) 18 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to Siroyan Limited and Assignment Recordation Form.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement; Form PTO-1449 and cited references.
- (X) Claim for Priority and Priority Document
- ( ) PCT Request (Courtesy copy)

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 710.00
b) Independent Claims	<u>2</u>	-	<u>3</u>	=	<u>0</u>	x \$ 80.00 = \$ <u>      </u>
c) Total Claims	<u>23</u>	-	<u>20</u>	=	<u>3</u>	x \$ 18.00 = \$ <u>54.00</u>
d) Fee for Multiple Claims						\$270.00 = \$ <u>      </u>
Total Filing Fee						\$ <u>764.00</u>

A check in the amount of \$ 764.00 to cover the filing fee is enclosed.

- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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